

TATATHT AHOJA

P.O. Box 794 Kealakekua, HI 96750 (808)322-9924

Audition Form A Cage of Fireflies

Last Nam	e Fir	st Name		Phone	Ema	il	
Age Rang	e Gender	Height		Hair Color	Vocal	Range	
	itioning for						
•	ccept any o				pecify		
•	ccept an ui	-		N			
•	ccept an e r			N			
If necessa	ry (you will be	notified by pho	one) are you	u able to atte	end a callba	ck auditio	n on
	nce/Theatri			e list production, r	ole, organization,	and approxim	nate date. If you
Please spe	cify days a	nd times y	ou are <u>not</u>	t available: Thur	Fri	Sat.	Sun.
AM							
PM							
•	team playe t areas inte		ed as muc	h help backs	tage as ons	tage. Plea	ase let us
above. I	realize th	nat in acc	epting a	dule and I a role I am n ces. I will b	naking a co	mmitme	ent to
cooperat		ais and p	or for man	OCS. I WIII K	o prompt,	pi cpai e	a, and
-	:			Date:_			